



California Veterans Memorial

Veteran Registration Form

Basic Information

This information will be included in the memorial computer system at no charge.
(Please type or print clearly)

First Name _____ Last Name _____ Maiden Name _____
(if applicable)

Occupation _____ Rank _____

Branch of Service _____ Dates of Service _____

Enhanced Registry

For yourself or a loved one, we encourage you to provide a 100-word statement and a photo to be included in the registry.

100-word statement..... \$15.00
Photo (must be at least 2" by 2")..... \$35.00
Military uniform preferred. Prints cannot be returned.
Additional Donation..... \$ _____.00
Total Donation..... \$ _____.00

Please make check payable to **California Veterans Memorial**. All proceeds go towards the memorial fund. Statements subject to editorial review. **Please include the name, address and telephone number of the person filling out this form** so we may contact you if necessary (this information will not appear on the memorial computer).

Mail registration form to:
California Department of Veterans Affairs
Veterans Services Division
1227 "O" Street, Room 101
Sacramento, CA 95814

For more information contact:
916-653-2573 within Sacramento
1-800-808-2862 outside Sacramento

Statement Form

Use this form for your 100-word statement or attach an additional sheet.
